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CONFIRMATION NO. 6531

<b>SERIAL NUMBER</b> 09/503,387	<b>FILING OR 371(c) DATE</b> 02/14/2000 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> MBIO99-057CP2RCM
<b>APPLICANTS</b> Samantha J. Busfield, Cambridge, MA; <i>JB</i> Jean-Luc Villeval, Needham, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/454,824 12/06/1999 ABN which is a CIP of 09/345,468 06/30/1999 PAT 6,245,527 <i>JB</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None, Pat</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/05/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>JB</i> <i>JB</i> <i>JB</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 30	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 30405				
<b>TITLE</b> Glycoprotein VI and uses thereof				
<b>FILING FEE RECEIVED</b> 3002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	